

**STATE OF NEW YORK
DEPARTMENT OF FINANCIAL SERVICES**

**DATA REQUIREMENTS FOR
MUNICIPAL COOPERATIVE HEALTH BENEFIT PLANS**

Greater Tompkins County Municipal Health Insurance Consortium

Name of MCHBP

FOR THE FISCAL YEAR ENDING

December 31, 2016

To be filed 120 days from fiscal year end

Two copies of this Form bearing original signatures and notarization should be filed with
the Department of Financial Services at the following address:

New York State Department of Financial Services

Health Bureau

One State Street, 11th Floor

New York, New York 10004

ANNUAL STATEMENT

OF THE CONDITION AND AFFAIRS OF

(Name)

Date Certified As A MCHBP:	October 1, 2010
Commenced Business:	January 1, 2011
Mailing Address:	c/o Richard Snyder, Director of Finance, Tompkins County, 125 East Court Street, Ithaca, NY 14850
Address of Main Administrative Office:	Same as Mailing Address
Telephone Number:	(607)274-5502
Employer's ID Number:	27-1447438
Principal Location of Books and Records:	Same As Mailing Address
Name of Administrator:	N/A
Name of Statement Contact Person:	Donald Barber, Executive Director
Statement Contact Person E-mail	EDConsortium@tompkins-co.org
Telephone Number:	(607)539-3395
Service Areas (Counties):	Tompkins and Cortland

President:	Judith Drake	Other Officers:	Rordan Hart, Vice Chairperson
Secretary:	Charles Rankin		Richard Snyder, Treasurer
Chief Financial Officer:	Steven P. Thayer		Donald Barber, Executive Director

Name	Title	Municipality
Steven P. Thayer	CFO	City of Ithaca
Judith Drake	President	Town of Ithaca
Donald Barber	Executive Director	Town of Caroline
Charles Rankin	Secretary	Village of Groton
Rordan Hart	Vice Chairperson	Village of Trumansburg
Richard Snyder	Treasurer	County of Tompkins
Mack Cook	Board Member	City of Cortland
John Fracchia	Board Member	Town of Caroline
Laura Shawley	Board Member	Town of Danby
Deborah Cipolla-Dennis	Board Member	Town of Dryden
Herb Masser	Board Member	Town of Enfield
Don Scheffler	Board Member	Town of Groton
Charmagne Rumgay	Board Member	Town of Lansing
Nancy Zahler	Board Member	Town of Ulysses
Alvin Doty	Board Member	Town of Willet
Peter Salton	Board Member	Village of Cayuga Heights
Michael Murphy	Board Member	Village of Dryden
Genevieve Suits	Board Member	Village of Homer
Jim Bower	Board Member	CSEA, Tompkins Cortland Community College
Phil Van Wormer	Board Member	CSEA, County of Tompkins
Olivia Hersey	Board Member	CSEA, Labor Rep
Amy Guerri	Board Member	County of Tompkins
Thomas Adams	Board Member	Town of Marathon
Tom Brown	Board Member	Town of Truxton
Eric Snow	Board Member	Town of Virgil

Judith Drake _____, President, Charles Rankin _____, Secretary,
Steven Thayer _____, Chief Financial Officer (or Corresponding person having charge of the financial
 records of the MCHBP) of the Greater Tompkins County Municipal Health Insurance Consortium _____, being duly sworn, each depose
 and say that they are the above described officers of the said MCHBP, and that on the reporting period stated above, all of the herein
 assets were the absolute property of the said MCHBP, free and clear from any liens or claims thereon, except as herein stated, and that
 this Statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true
 statement of all the assets and liabilities and of the condition and affairs of the said MCHBP as of the reporting period stated above, and of
 its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

Subscribed And Sworn To Before Me This 24th _____ Day of Judith Drake _____ President
April 2017 _____
 (Month) (Year)
Charles Rankin _____ Secretary
Steven Thayer _____ Chief Financial Officer
Kathleen J. McCloy _____
 NOTARY PUBLIC (Seal) (Corporate Seal)

Katrina J. Spicer *McClay*
Notary Public, State of New York
No. 01SP6122368
Qualified in Cortland County
Commission Expires February 7, 2018
(a) Is this an original?

Yes [X] No []

(iii) number of pages attached

Revised 2016

REPORT #1 — PART A: ASSETS

	Current Year	Previous Year *
	1	2
	Total	Total
1. Bonds (Schedule B line 0199999)	-	-
2. Stocks:		
2.1 Preferred stocks (Schedule B line 0299999)	-	-
2.2 Common stocks (Schedule B line 0399999)	-	-
3. Real estate (Schedule J line 0199999)	-	-
4.1 Cash (Schedule A Line 0399999)	17,270,389	15,353,516
4.2 Cash equivalents (Schedule A Line 0499999)	-	-
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999)	17,270,389	15,353,516
5. Premiums receivable (Schedule C, NY 10)	45,226	46,866
6. Other invested assets	-	-
7. Receivable for securities	-	-
8. Aggregate write-in for invested assets	-	-
9. Subtotal cash and invested assets (Lines 1 to 8)	17,315,615	15,400,382
10. Investment income due and accrued	-	-
11. Reinsurance:		
11.1 Amounts recoverable from reinsurers	166,252	13,034
11.2 Funds held by or deposited with reinsured companies	-	-
11.3 Other amounts receivable under reinsurance contracts	-	-
12.1 Current federal income tax recoverable and interest thereon	-	-
12.2 Net deferred tax asset	-	-
13. Electronic data processing equipment and software	-	-
14. Furniture and equipment, including health care delivery assets	-	-
15. Health care and other amounts receivable	-	-
16. Aggregate write-in for other than invested assets	6,809,028	6,740,506
17. Total Assets(Lines 9 to 16)	24,290,896	22,153,922
DETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS		
0801. _____	-	-
0802. _____	-	-
0802. _____	-	-
0804. _____	-	-
0805. _____	-	-
0898. Summary of remaining write-ins for Item 8 from overflow page	-	-
0899. TOTALS (Items 0801 thru 0805 plus 0898) (Page 2, item 8)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS		
1601. Restricted Cash	6,217,037	6,213,006
1602. Excellus BCBS Prepaid Claims (Advance Deposit)	527,500	527,500
1603. Prepaid Expenses	64,491	-
1604. _____	-	-
1605. _____	-	-
1698. Summary of remaining write-ins for Item 16 from overflow page	-	-
1699. TOTALS (Items 1601 thru 1605 plus 1698) (Page 2, item 16)	6,809,028	6,740,506

* As reported on Prior Year End filed Annual Statement.

REPORT #1 — PART B: LIABILITIES AND SURPLUS

	Current Year	Previous Year *
	1	2
	Total	Total
1.1 Unpaid claims (Schedule F, NY11)	2,677,080	2,406,559
1.2 Additional amount required by Section 4706(a)(1)	1,753,652	1,225,330
1.3 Total Claims payable	4,430,732	3,631,889
2. Premiums received in advance	351,506	243,894
3. General expenses due or accrued	-	-
4.1 Current federal income tax payable and interest thereon	-	-
4.2 Net deferred tax liability	-	-
5. Ceded reinsurance premiums payable	-	-
6. Amounts withheld or retained for the account of others	-	-
7. Borrowed money and interest thereon	-	-
8. Payable for securities	-	-
9. Funds held under reinsurance treaties	-	-
10. Aggregate write-ins for other liabilities	9,863	8,983
11. Accounts payable (Schedule G, NY12)	497,510	441,191
12. Claim stabilization reserve	-	-
13. Unearned premiums	-	-
14. Loans and notes payable	-	-
15. Aggregate write-ins for current liabilities	-	-
16. Total liabilities (Lines 1 to 16)	5,289,610	4,325,957
17. Aggregate write-ins for special surplus funds	2,808,496	2,563,287
18. Gross paid-in and contributed surplus	-	-
19. Unassigned funds (surplus)	14,266,792	13,385,311
20. Surplus notes	-	-
21. Surplus per Section 4706(a)(5) **	1,925,998	1,879,368
22. Total capital and surplus (Lines 17 to 21)	19,001,286	17,827,966
23. Total liabilities, capital, and surplus (Lines 16 + 22)	24,290,896	22,153,923
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES		
1001. Prepaid Ancillary Benefits Premium	9,863	8,983
1002. _____		
1003. _____		
1004. _____		
1005. _____		
1098. Summary of remaining write-ins for Item 10 from overflow page	-	-
1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page NY3, item 10)	9,863	8,983
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES		
1501. _____		
1502. _____		
1503. _____		
1504. _____		
1505. _____		
1598. Summary of remaining write-ins for Item 15 from overflow page	-	-
1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page NY3, item 15)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS		
1701. Assigned for Catastrophic Claims	1,050,000	1,050,000
1702. Rate Stabilization Reserve	1,758,496	1,513,287
1703. _____		
1704. _____		
1705. _____		
1798. Summary of remaining write-ins for Item 17 from overflow page	-	-
1799. TOTALS (Items 1701 thru 1705 plus 1798) (Page NY3, item 17)	2,808,496	2,563,287

* As reported on Prior Year End filed Annual Statement.

** Calculation of current year reserves shown on NY16 (Schedule K).

STATEMENT AS OF		December 31, 2016		OF THE		Greater Tompkins County Municipal Health Insurance Consortium	
		(Year Ending)				(Name)	
REPORT #2 STATEMENT OF REVENUE, EXPENSES AND SURPLUS							
		Current Year	Previous Year *	Current Year	Previous Year *		
		1	2	3	4		
		Total	Total	PMPM	PMPM		
		60,768	60,335	XXX	XXX		
1. Member Months							
2. Net premium income:							
2.1 Basic		29,764,640	29,043,537	489.81	481.37		
2.2 Drugs		8,755,315	8,543,816	144.08	141.61		
2.3 Total		38,519,955	37,587,353	633.89	622.98		
3. Change in unearned premium reserves and reserve for rate credits:							
3.1 Basic		-	-	-	-		
3.2 Drugs		-	-	-	-		
3.2 Total		-	-	-	-		
4. Aggregate write-ins for other health care related revenues		-	-	-	-		
5. Non-health revenues		131,974	128,523	XXX	XXX		
6. Total revenues (Items 2 to 5)		38,651,930	37,715,876	636.06	625.11		
Hospital and Medical:							
7. Hospital/medical benefits		25,063,338	20,922,952	412.44	346.78		
8. Other professional services		-	-	-	-		
9. Outside referrals		-	-	-	-		
10. Emergency room and out-of-area		-	-	-	-		
11. Prescription drugs		9,936,550	7,827,453	163.52	129.73		
12. Aggregate write-ins for other hospital and medical		-	-	-	-		
13. Incentive pool, withhold adjustments and bonus amounts		-	-	-	-		
14. Aggregate write-ins for other expenses		411,802	475,047	6.78	7.87		
15. Subtotal (Lines 7 to 14)		35,411,690	29,225,452	582.74	484.39		
Less:							
16. Net reinsurance recoveries		242,574	185,043	3.99	3.07		
17. Total hospital and medical (Lines 15-16)		35,169,116	29,040,409	578.74	481.32		
18. Claims adjustment expenses, including cost containment expenses		-	-	-	-		
19. General administrative expenses		-	-	-	-		
19.1 Compensation		79,565	61,511	1.31	1.02		
19.2 Interest expense		-	-	-	-		
19.3 Occupancy, depreciation, and amortization		-	-	-	-		
19.4 Marketing		-	-	-	-		
19.5 Professional Fees		119,912	101,789	1.97	1.69		
19.6 Administration Fees		1,041,130	997,391	17.13	16.53		
19.7 Consulting Fees		54,000	69,941	0.89	1.16		
19.8 Aggregate write-ins for other administrative expenses		798,390	670,240	13.14	11.11		
19.9 Total administrative expenses		2,092,998	1,900,872	34.44	31.51		
20. Increase in reserves for A&H contracts		-	-	-	-		
21. Total underwriting deductions (Lines 17 to 20)		37,262,114	30,941,281	613.19	512.82		
22. Net underwriting gain or (loss) (Lines 6 - 21)		1,389,816	6,774,595	22.87	112.28		
23. Net investment income earned		-	-	-	-		
24. Net realized capital gains or (losses) less capital gains taxes		-	-	-	-		
25. Net investment gains or (losses) (Lines 23 + 24)		-	-	-	-		
26. Aggregate write-ins for other income or expenses		(117,480)	(116,170)	(1.93)	(1.93)		
27. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 22 + 25 + 26)		1,272,335	6,658,425	20.94	110.36		
28. Federal income taxes incurred		-	-	-	-		
29. Net income (loss) (Lines 27 - 28)		1,272,335	6,658,425	20.94	110.36		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES							
0401. _____				-	-		
0402. _____				-	-		
0403. _____				-	-		
0404. _____				-	-		
0405. _____				-	-		
0498. Summary of remaining write-ins for Item 4 from overflow page		-	-	-	-		
0499. TOTALS (Items 0401 thru 0405 plus 0498) (Page NY4, Item 4)		-	-	-	-		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER HOSPITAL AND MEDICAL							
1201. _____				-	-		
1202. _____				-	-		
1203. _____				-	-		
1204. _____				-	-		
1205. _____				-	-		
1298. Summary of remaining write-ins for Item 12 from overflow page		-	-	-	-		
1299. TOTALS (Items 1201 thru 1205 plus 1298) (Page NY4, item 12)		-	-	-	-		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES							
1401. NYS Graduate Medical Education Tax		259,071	237,221	4.26	3.93		
1402. ACA Traditional Reinsurance Fee		136,512	221,320	2.25	3.67		
1403. Flu Clinics		6,125	6,075	0.10	0.10		
1404. Patient Care Outcomes Research Institution Fee (PCORI)		10,902	10,431	0.18	0.17		
1405. ITS Supplemental Fee		(808)	-	(0.01)	-		
1498. Summary of remaining write-ins for Item 14 from overflow page		-	-	-	-		
1499. TOTALS (Items 1401 thru 1405 plus 1498) (Page NY4, item 14)		411,802	475,047	7	8		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES							
19.801. Insurance (Directors & Officers, Professional Liability)		30,903	28,160	0.51	0.47		
19.802. Stop Loss Premiums		767,488	642,080	12.63	10.64		
19.803. _____		-	-	-	-		
19.804. _____		-	-	-	-		
19.805. _____		-	-	-	-		
19.898. Summary of remaining write-ins for Item 19.8 from overflow page		-	-	-	-		
19.899. TOTALS (Items 19.801 thru 19.805 plus 19.898) (Page NY4, item 19.8)		798,390	670,240	13	11		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES							
2601. Miscellaneous Expenses		(6,380)	(3,164)	(0.10)	(0.05)		
2602. Insured Ancillary Benefits Expense		(132,725)	(126,532)	(2.18)	(2.10)		
2603. Other Income		5,091	-	0.08	-		
2604. Interest Income		16,533	13,526	0.27	0.22		
2605. _____		-	-	-	-		
2698. Summary of remaining write-ins for Item 26 from overflow page		-	-	-	-		
2699. TOTALS (Items 2601 thru 2605 plus 2698) (Page NY4, item 26)		(117,480)	(116,170)	(2)	(2)		

* As reported on Prior Year End filed Annual Statement.

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND SURPLUS (Continued)

CAPITAL & SURPLUS ACCOUNT	Current Year	Previous Year *
	1	2
	Total	Total
30. Capital and surplus prior reporting year	17,827,966	10,900,699
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
31. Net income or (loss) from Line 29	1,272,335	6,658,425
32. Change in valuation basis of aggregate policy and claim reserve	-	-
33. Change in net unrealized capital gains and losses less capital gains tax	-	-
34. Change in net deferred income tax	-	-
35. Change in nonadmitted assets	-	-
36. Change in unauthorized reinsurance	-	-
37. Change in surplus notes	-	-
38. Cumulative effect of changes in accounting principles	-	-
39. Capital Changes		
39.1 Paid in	-	-
39.2 Transferred to surplus	-	-
40. Surplus adjustments:		
40.1 Paid in	-	-
40.2 Transferred from capital	-	-
41. Dividends to participating municipal corporations (or school districts)	-	-
42. Change in surplus per Section 4706(a)(5)	46,630	76,203
43. Change in retained earnings/fund balance	137,468	(1,441,711)
44. Interest on surplus notes	-	-
45. Aggregate write-ins for changes in other net worth items	(283,113)	1,634,350
46. Aggregate write-ins for gains or (losses) in surplus	-	-
47. Net change in capital and surplus (Lines 31 to 46)	1,173,320	6,927,267
48. Capital and surplus end of reporting year (Line 30 + 47)**	19,001,286	17,827,966
DETAILS OF WRITE-INS AGGREGATED AT ITEM 45 FOR CHANGES IN OTHER NET WORTH ITEMS		
4501. Additional Needed for 12% IBNR	\$ (528,322)	\$ (322,039)
4502. Addition in Catastrophic Claims Reserve	-	443,102
4503. Addition in Rate Stabilization Reserve	245,209	1,513,287
4504.	-	-
4505.	-	-
4598. Summary of remaining write-ins for Item 46 from overflow page	-	-
4599. TOTALS (Items 4501 thru 4505 plus 4598) (Page NY5, item 45)	(283,113)	1,634,350
DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS		
4601.	\$ -	\$ -
4602.	-	-
4603.	-	-
4604.	-	-
4605.	-	-
4698. Summary of remaining write-ins for Item 47 from overflow page	-	-
4699. TOTALS (Items 4601 thru 4605 plus 4698) (Page NY5, item 46)	-	-

* As reported on Prior Year End filed Annual Statement.

REPORT #3 CASH FLOW STATEMENT

	Current Year	Prior Year
	1	2
	Total	Total
Cash from Operations		
1. Premiums collected net of reinsurance	38,629,207	37,475,088
2. Net investment income	-	-
3. Miscellaneous income	137,065	128,523
4. Total (Lines 1 through 3)	38,766,272	37,603,611
5. Benefit and loss related payments	34,622,506	28,412,815
6. Expenses paid and aggregate write-ins for deductions	2,159,251	1,962,637
7. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses)	-	-
8. Total (Lines 5 through 7)	36,781,757	30,375,452
9. Net cash from operations (Line 4 minus Line 8)	1,984,515	7,228,159
Cash from Investments		
10. Proceeds from investments sold, matured or repaid:		
10.1 Bonds		
10.2 Stocks		
10.3 Real estate		
10.4 Net gains or (losses) on cash, cash equivalents and short-term investments		
10.5 Miscellaneous proceeds		
10.6 Total investment proceeds (Lines 10.1 to 10.5)	-	-
11. Cost of investments acquired (long-term only):		
11.1 Bonds		
11.2 Stocks		
11.3 Real estate		
11.4 Miscellaneous applications		
11.5 Total investments acquired (Lines 11.1 to 11.4)	-	-
12. Net increase (decrease) in contract loans and premium notes		
13. Net cash from investments (Line 10.6 minus Line 11.5 minus Line 12)	-	-
Cash from Financing and Miscellaneous Sources		
14. Cash provided (applied):		
14.1 Surplus notes		
14.2 Capital and paid in surplus		
14.3 Borrowed funds		
14.4 Dividends to participants		
14.5 Other cash provided (applied)	(67,642)	167,284
15. Net cash from financing and miscellaneous sources (Lines 14.1 to 14.3 minus Line 14.4 plus Line 14.5)	(67,642)	167,284
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
16. Net change in cash, cash equivalents and short-term investments (Line 9, plus Lines 13 and 15)	1,916,873	7,395,443
17. Cash, cash equivalents and short-term investments:		
17.1 Beginning of year	15353516	7958073
17.2 End of year (Line 16 plus Line 17.1) *	17,270,389	15,353,516

* Line 17.2 should be the same amount reported on NY2, Line 4.3

STATEMENT AS
(Year Ending)

December 31, 2016

OF THE

Greater Tompkins County Municipal Health Insurance Consortium

(Name)

GENERAL INTERROGATORIES

1. a) Has any change been made since the last reporting date in the municipal cooperation agreement; administration agreement; plan document or the number of participating municipal corporations?

Yes [X]

No []

b) If "Yes", when was the filing request to change the agreements or documents filed with the Department of Financial Services?

Date: 06/30/15

i) If "approved", when was the filing request approved?

Date: 07/15/15

Date: N/A

Date: N/A

Date: N/A

ii) If not "approved" yet, what is the status of the filing request and the status date?

Date: N/A

Date: N/A

Date: N/A

Date: N/A

c) If "Yes", attach current copies of the documents if they have not been previously submitted.

2. a) State as of what date the latest financial examination of the MCHBP was made or is being made.

Date: 12/31/16

b) State the as of date that the latest financial examination report became available from either the state or the company. This date should be the date of the examined balance sheet and not the date the report was completed or released.

Date: 12/31/16

3. Has the MCHBP an established procedure for annual disclosure to its Board of Governors of any material interest or affiliation on the part of any of its officers, directors or responsible employees which is in, or is likely to conflict with the official duties of such person?

Yes [X]

No []

4. a) Did any person, while an officer, director or trustee of the reporting entity, receive directly or indirectly, during the period covered by this statement, any commission on the business transactions of the reporting entity?

Yes []

No [X]

b) If "Yes", give particulars:

N/A

N/A

5. a) Was money loaned, directly or indirectly, during the period covered by this report to any employee, officer, or director of the MCHBP? If "Yes", please complete the schedule below.

Yes []

No [X]

1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	3 Original Loan Amount	4 Amount of Loan Principal Outstanding at Year End
N/A				
0599999. Totals				

6. a) Is the fiscal officer of the MCHBP covered by a fidelity bond?

Yes [X]

No []

b) If "Yes", give name of surety company, amount of coverage and the effective period of the fidelity bond:

The Consortium Treasurer and Consortium Assistant to the Treasurer are both covered by the County of Tompkins Employee Dishonesty Bond (a.k.a. Fidelity Bond). This coverage is provided through Fidelity and Deposit Company of Maryland, Colonial American Casualty and Surety Company, 1400 American Lane, Schaumburg, IL 60196. This company is a subsidiary of Zurich American Insurance Company. The coverage provided covers embezzlement and/or the misappropriation of funds and each person is covered up to \$2,000,000 maximum.

7. a) Were all the stocks, bonds, and other securities owned as of the reporting period in the actual possession of the MCHBP on the statement date?

Yes [X]

No []

b) If "No", give location:

No stocks, bonds, or other securities owned by the Consortium at this time

8. a) Excluding real estate and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a direct custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F, Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes [X]

No []

b) For agreements that conform to the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
No stocks owned at this time	N/A

c) For all agreements that do not conform to the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
N/A	N/A	N/A

9. a) Is the purchase or sale of all investments of the MCHBP passed upon by either the Board of Governors or a subordinate committee thereof?

Yes [X]

No []

b) If "No", state who has the authority:

N/A

10. a) Has any present or former officer, director or any other person or firm any claim of any nature whatsoever against the MCHBP which is not included in the financial statements?

Yes []

No [X]

b) If "Yes", give details:

N/A

11. a) Has the MCHBP been subject to any administrative orders, cease and desist orders, fines or suspensions by any government entity during the reporting year?

Yes []

No [X]

b) If "Yes", give details (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement)

N/A

12. a) What is the percentage that the MCHBP uses for its claims payable reserve?

12%

b) Is the percentage used for claims payable reserve equal to the minimum requirement of 25% as per Insurance Law § 4706(a)(1)?

Yes []

No [X]

c) If b) is "No", did the MCHBP file a request to use a lower percentage from the Department of Financial Services as per Insurance Law § 4706(a)(1)?

Yes [X]

No []

d) If c) is "Yes", answer the following:

i) When was the request filed with the Department of Financial Services?

Date: 11/08/13

ii) When was the request approved?

Date: N/A

NY6

GENERAL INTERROGATORIES (Continued)

- 13 a) Provide the following information on the MCHBP's general liability insurance coverage:
- i) Name of Carrier:

Each municipality within the Consortium carries its own GL coverage through a policy or is self-insured. Exposure is
- ii) Limits of Coverage:

minimal for GL claim since the Consortium has no employees or offices. Most meetings are held at the County's conference
- iii) Expiration Date:

room, and the County is self-insured for activities that occur in that conference room.

- 14 Complete the Itemization of Stop-Loss Fund Recoveries schedule below.

	Itemization of Stop-Loss Fund Recoveries		
	1 Current Year	2 Prior Year	3 Projected
1. Aggregate Stop-Loss Coverage Per Insurance Law § 4707(a)(1)	0	0	0
2. Specific Stop-Loss Coverage Per Insurance Law § 4707(a)(2)	275000	125880	300000
3. Total	275000	125880	300000

- 15 a) Provide the following information on the MCHBP's reinsurance (stop-loss) coverage:
- i) Name of Carrier:

Highmark Life Insurance Co.
- ii) Limits of Coverage:

a). \$400,000 specific deductible w/an unlimited policy year maximum and unlimited lifetime policy maximum.

b). 125% aggregate corridor w/either i). Sum of monthly aggregate deductible amounts applicable to each policy month in the current term, or ii). Minimum aggregate deductible.

iii). Policy year maximum payment equals \$1,000,000
- iii) Expiration Date:

December 31, 2016
- iv) Please attach a copy of the stop-loss policy.
- v) Please attach a copy of the actuary's certification of expected claims for current fiscal year.
- b) If the MCHBP does not have this coverage, explain:

N/A

- 16 a) Does the MCHBP set up its claim liability for hospital and other medical services on a service date basis? Yes [X] No []
- b) If No, give details:

N/A

- 17 a) Was the MCHBP's prior year's annual statement amended? Yes [X] No []
- b) If yes, furnish the following information regarding the last amendment to the prior year's annual statement filed with the MCHBP's state of domicile

i) Amendment number

No. 1

ii) Date of amendment

08/12/16

- 18 a) What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
- Insero & Co. CPA's, LLP 401 East State Street, Ithaca, NY 14850
-
-
-

- b) Has the independent certified public accountant or accounting firm changed since the prior years annual audit?

Yes [] No [X]
- c) If answer is Yes, did the MCHBP submit the required notifications as outlined in New York State Department of Financial Services Insurance Regulation No. 118 (11NYCRR 89.4(c))?

Yes [] No []
- d) If answer is No, please attach the required notifications to this submission.

- 19 What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
- Armory Associates, LLC 120 Walton Street, Suite 601, Syracuse, NY 13202. Actuary is associated with our consulting firm, Locey & Cahill, LLC

- 20 Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate committees thereof? Yes [X] No []

21. a) Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$9,522
- b) List the name of the firm and the amount paid if any such payment represented 5% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
Dept of Financial Services	\$9,522

22. a) Does the MCHBP plan to refund any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law and anticipated expenses in the plan's joint funds to participating municipal corporations during the next 90 days? Yes [] No [X]
- b) If a) is "Yes", provide the following:

i) Anticipated date of distribution.

Date: N/A

ii) Anticipated amount of distribution.

N/A

23. a) Has the MCHBP's current community rating methodology been filed with and approved by the superintendent as required by § 4705(d)(5)(B) of the New York Insurance Law? Yes [X] No []
- b) If a) is "Yes", answer the following:

i) When was the request filed with the Department of Financial Services?

Date: 03/18/15

ii) When was the request approved?

Date: 3/18/2015 letter not a

iii) If approved, please attach a copy of the approval letter.
- c) If a) is "No", give particulars, including when the community rating methodology will be filed with the Department of Financial Services:

SCHEDULE A — CASH AND CASH EQUIVALENTS

1	2	3	4	5	6	7	8	9
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Received During Fiscal Year	Amount of Interest Due & Accrued at end of Current Fiscal Year	Balance
Depository -- Cash	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
TOMPKINS TRUST COMPANY		XXX	0.076	XXX	XXX	12,502		17,270,389
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
0199999 Total -- Cash on Deposit	XXX	XXX	XXX	XXX	XXX	12,502	-	17,270,389
0299999 Cash in Company's Office	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999 Total -- Cash	XXX	XXX	XXX	XXX	XXX	12,502	-	17,270,389
Description -- Cash Equivalent	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999 Total -- Cash Equivalent	XXX	XXX	XXX	XXX	-	-	-	-
0599999 Total -- Cash and Cash Equivalent	XXX	XXX	XXX	XXX	\$ -	\$ 12,502	\$ -	\$ 17,270,389
NOTE: Negotiable certificates of deposit to be reported in Schedule B.								

STATEMENT AS OF

December 31, 2016

OF THE

Greater Tompkins County Municipal Health Insurance Consortium

(Name)

(Year Ending)

SCHEDULE C — PREMIUMS RECEIVABLE (Other than Affiliates)

Individually list all Municipal Corporations with account balances the greater of 10% of gross Premiums Receivable or \$5,000.

Name of Debtor		1	2	3	4	5	6
		1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Non-Admitted	Admitted
TC Soil and Water			5,232			-	\$ 5,232
TC3 Culinary			16,829			-	16,829
TC3 Farming			7,020			-	7,020
Town of Caroline			1			-	1
Town of Danby			16,144			-	16,144
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
0199999 Individually Listed Receivables		-	45,226	-	-	-	45,226
0299999 Receivables Not Individually Listed						-	-
0399999 Gross Premiums Receivable		-	45,226	-	-	-	45,226
0499999 Less Allowance for Doubtful Accounts							
0599999 Premiums Receivable						-	45,226

N.Y. SCHEDULE F — CLAIMS PAYABLE ANALYSIS
(ON A FISCAL YEAR BASIS)

Calculation of Unpaid Claims Reserves at Year End

Unpaid claims reserve = [(percent approved by the department expressed as a decimal)*(Paid claims CY - Unpaid claims PY)] / (1-percent approved by the department expressed as a decimal)

Reserve requirement	12% As Approved by the Department of Financial Services (Formally the Insurance Department)		
Paid claims CY	\$ 34,898,595	From Section I, Col B, Line 4 below	
		From Section I, Col C, Line 4 below. Includes expenses on claims reported and not yet paid, and expenses on claims incurred but not yet reported	
Unpaid claims PY	\$ 2,406,559		
Result	\$ 4,430,732		
Total Claim Payable Per Actuary - Hospital and Medical Claims	\$ 2,672,084	Includes expenses on claims reported and not yet paid, and expenses on claims incurred but not yet reported	
Total Claims Payable Per Actuary - Drug Claims	4996	Includes expenses on claims reported and not yet paid, and expenses on claims incurred but not yet reported	
Total Claims Payable Per Actuary - Other	0	Includes expenses on claims reported and not yet paid, and expenses on claims incurred but not yet reported	
Total Claims Payable Per Actuary	\$ 2,677,080	To be reported on page NY 3 Line 1.1	
Total Additional Amount Required by Section 4706(a)(1)	\$ 1,753,652	To be reported on Page NY 3 Line 1.2	
Total Claims Payable	\$ 4,430,732	To be reported on Page NY 3 line 1.3	

SECTION I — CLAIMS INCURRED

A	B	C	D	E
Description of Claims	Paid During Year	Unpaid Prior Year	Unpaid Current Year	Incurred This Year* (B - C + D)
1. Hospital & Medical Claims - Per Actuary	24,969,971	2,398,633	2,672,084	25,243,422
2. Drug Claims - Per Actuary	9,928,624	7,926	4,996	9,925,694
3. Other - Per Actuary	-	-	-	-
4. Total	34,898,595	2,406,559	2,677,080	35,169,116

*Must equal hospital and medical expenses accrued and unpaid which are reported on Report #2, page NY4, Line 17

SECTION II — ANALYSIS OF UNPAID CLAIMS — CURRENT FISCAL YEAR

A	B	C	D
Description of Claims	Reported Claims in Process of Adjustment	Estimated Incurred but Unreported	Total—Claims Payable* (Columns B + C)
1. Hospital & Medical Claims - Per Actuary	1,080,512	1,591,572	2,672,084
2. Drug Claims - Per Actuary		4,996	4,996
3. Other - Per Actuary			-
4. Total	1,080,512	1,596,568	2,677,080

* Must equal Section 1, Col. D.

SECTION III — ANALYSIS OF UNPAID CLAIMS — PREVIOUS FISCAL YEAR

A	Claims Paid During the Year*		Claims Unpaid at End of Current Year Viz: Estimated Liability at End of Current Year		F Total Claims Paid During the Year and Claims Unpaid at End of Current Year on Claims Incurred in Prior Years (B + D)	G** Estimated Liability of Unpaid Claims at End of Previous Year	H Amount Unpaid Claims is Over or (Under) Reserved
	B On Claims Incurred Prior to Current Year	C On Claims Incurred During the Year	D On Claims Unpaid at End of Previous Year	E On Claims Incurred During the Year			
Description of Claims							
1. Hospital & Medical Claims	2,650,057	22,319,914	(16,461)	2,688,545	2,633,596	2,398,633	(234,963)
2. Drug Claims	(1,709)	9,930,333	-	4,996	(1,709)	7,926	9,635
3. Other	-	-	-	-	-	-	-
4. TOTAL	2,648,348	32,250,247	(16,461)	2,693,541	2,631,887	2,406,559	(225,328)

* Must equal Section 1, Col. B.

** Must equal Section 1, Col. C.

NOTE: The sum of the amounts reported on Line 4, Column D+E must equal the amount reported on Schedule F, Section II, Line 4, Column D.

NOTE: All three sections must be reported on a fiscal year basis.

N.Y. SCHEDULE H — FIVE-YEAR HISTORICAL DATA

A	B Current Year 2016	C 2015	D 2014	E 2013	F 2012
BALANCE SHEET ITEMS (Page NY2, NY3)					
1. Total Assets	24,290,896	22,153,922	15,443,004	11,135,054	7,708,613
2. Total Liabilities	5,289,610	4,325,957	4,542,305	4,086,171	3,082,421
3. Total Capital and Surplus	19,001,286	17,827,966	10,900,699	7,048,883	4,626,192
4. Contingency Reserve	1,925,998	1,879,368	1,803,165	1,725,384	1,428,777
5. Total Net Worth	19,001,286	17,827,966	10,900,699	7,048,883	4,626,192
INCOME STATEMENT ITEMS (Page NY4)					
6. Net Premium Income	38,519,955	37,587,353	36,063,291	34,507,671	28,575,531
7. Total Revenues	38,651,930	37,715,876	36,210,591	34,664,105	28,688,765
8. Total Hospital and Medical expenses	35,169,116	29,040,409	30,131,675	27,969,174	24,022,732
9. Total Administration expenses	2,092,998	1,900,872	1,883,458	1,873,777	1,384,161
10. Net Income	1,272,335	6,658,425	4,066,450	4,669,374	3,178,173
11. Member Months	60,768	60,335	60,188	61,063	53,375
12. Net Premium Income (PMPM)	633.89	622.98	599.18	565.12	535.37
13. Total Revenues(PMPM)	636.06	625.11	601.62	567.68	537.49
14. Total Hospital And Medical Expenses (PMPM)	578.74	481.32	500.63	458.04	450.07
15. Total Administration Expenses (PMPM)	34.44	31.51	31.29	30.69	25.93
16. Net Income (PMPM)	20.94	110.36	67.56	76.47	59.54
FORMULAS					
17. Other Invested Assets/Total Assets	0.00	0.00	0.00	0.00	0.00
18. Total Hospital and Medical Expenses / Net Premium IncomePremium	0.91	0.78	0.84	0.82	0.88
19. Total Administration Expenses / Total Revenues	0.05	0.05	0.05	0.05	0.05
UNPAID CLAIMS ANALYSIS					
20. Total Claims Paid During the Year etc. (From Schedule F, Section III, Col. F, Line 4)	2,631,887	1,651,071	2,027,960	2,060,317	1,764,389
21. Estimated Liability of Unpaid Claims— Previous Year	2,406,559	2,761,159	2,749,847	2,657,286	3,043,382

SCHEDULE I-1 — PARTICIPATING MUNICIPAL CORPORATIONS (OR SCHOOL DISTRICTS)

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of Participating Municipal Corporations	17	20	20	20	20

SCHEDULE I-2 — EMPLOYEES AND RETIREES OF THE MUNICIPAL CORPORATION ENROLLED (OR SCHOOL DISTRICTS)

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of employees and retirees enrolled	2,294	2,306	2,321	2,326	2,347

SCHEDULE I-3 — ENROLLMENT DATA (Participants)

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of total lives covered	15,046	15,175	15,168	15,179	15,246

SCHEDULE K —CALCULATION OF SURPLUS PER SECTION 4706(a)(5)

	Current Year
1. Number of paticipating Municipal Corporations	20
2. Number of enrolled members	2,347
3. Maintains Stop-loss insurance as required by 4707(a)	Yes
3. Percentage used to calculate the Surplus per Section 4706(a)(5)	5.0%
4. Net premium income	38,519,955
5. Surplus per Section 4706(a)(5)	1,925,998

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OVERFLOW PAGE FOR WRITE-INS

	Current Year 1 Total	Previous Year * 2 Total	Current Year 3 PMPM	Previous Year * 4 PMPM
Page NY 2 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS				
0806.			xxx	xxx
0807.			xxx	xxx
0808.			xxx	xxx
0809.			xxx	xxx
0810.			xxx	xxx
0898. TOTALS (Items 0806 thru 0810)	-	-	xxx	xxx
Page NY 2 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS				
1606.			xxx	xxx
1607.			xxx	xxx
1608.			xxx	xxx
1609.			xxx	xxx
1610.			xxx	xxx
1698. TOTALS (Items 1606 thru 1610)	-	-	xxx	xxx
Page NY 3 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES				
1006.			xxx	xxx
1007.			xxx	xxx
1008.			xxx	xxx
1009.			xxx	xxx
1010.			xxx	xxx
1098. TOTALS (Items 1006 thru 1010)	-	-	xxx	xxx
Page NY 3 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES				
1506.			xxx	xxx
1507.			xxx	xxx
1508.			xxx	xxx
1509.			xxx	xxx
1510.			xxx	xxx
1598. TOTALS (Items 1506 thru 1510)	-	-	xxx	xxx
Page NY 3 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS				
1706.			xxx	xxx
1707.			xxx	xxx
1708.			xxx	xxx
1709.			xxx	xxx
1710.			xxx	xxx
1798. TOTALS (Items 1706 thru 1710)	-	-	xxx	xxx
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES				
0406.			-	-
0407.			-	-
0408.			-	-
0409.			-	-
0410.			-	-
0498. TOTALS (Items 0406 thru 0410)	-	-	-	-
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER HOSPITAL AND MEDICAL				
1206.			-	-
1207.			-	-
1208.			-	-
1209.			-	-
1210.			-	-
1298. TOTALS (Items 1206 thru 1210)	-	-	-	-
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES				
1406.			-	-
1407.			-	-
1408.			-	-
1409.			-	-
1410.			-	-
1498. TOTALS (Items 1406 thru 1410)	-	-	-	-
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES				
19.806.			-	-
19.807.			-	-
19.808.			-	-
19.809.			-	-
19.810.			-	-
19.898. TOTALS (Items 19.806 thru 19.810)	-	-	-	-
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES				
2606.			-	-
2607.			-	-
2608.			-	-
2609.			-	-
2610.			-	-
2698. TOTALS (Items 2606 thru 2610)	-	-	-	-

* As reported on Prior Year End filed Annual Statement.

OVERFLOW PAGE FOR WRITE-INS

		Current Year	Previous Year *
		1	2
		Total	Total
Page NY5			
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT			
ITEM 45 FOR CHANGES IN OTHER NET WORTH ITEMS			
4506.			
4507.			
4508.			
4509.			
4510.			
4598. TOTALS (Items 4506 thru 4510)		-	-
Page NY5			
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT			
ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS			
4606.			
4607.			
4608.			
4609.			
4610.			
4698. TOTALS (Items 4606 thru 4610)		-	-

* As reported on Prior Year End filed Annual Statement.

